PTO/SB/05 (4/98)

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

LASIK LAMINAR FLOW SYSTEM

First Inventor or Application Identifier | Ricardo Guimaraes

Crity for fier	Thorprovisional applications under 57 C.T.H. 9 1.55(b)/ Exp.	EL46976746505						
See MPEP	APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application Washington, DC 20231						
1. <b>X</b> (2. <b>X</b> (3. <b>X</b> (4. Oath o a. b.	Fee Transmittal Form (e.g., PTO/SB/17)  Submit an original and a duplicate for fee processing)  Specification [Total Pages 14]  Descriptive title of the Invention  Cross References to Related Applications  Statement Regarding Fed sponsored R & D  Reference to Microfiche Appendix  Background of the Invention  Brief Summary of the Invention  Brief Description of the Drawings (if filed)  Detailed Description  Claim(s)  Abstract of the Disclosure  Drawing(s) (35 U.S.C. 113) [Total Sheets 1]  T Declaration [Total Pages 2]  X Newly executed (original or copy)  Copy from a prior application (37 C.F.R. § 1.63 (lor continuation/divisional with Box 16 completed)  i. DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s) named in the prior application see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)  RITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEP	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies  ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s)) 8. (when there is an assignee) Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Statement(s) Statement filed in prior application, Status still proper and desired 14. (if foreign priority is claimed) 15. Other:						
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  Continuation Divisional Continuation-in-part (CIP) Of prior application No:  Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  17. CORRESPONDENCE ADDRESS  Customer Number or Bar Code Label  Or X Correspondence address below								
Name  Address  City	Address IRELL & MANELLA LLP  840 Newport Center Drive  Suite 400							
Country	USA Telephone	(949) 760-0991 Fax (949) 760-5200						
Name Signa	(PrinvType) Ben J. Yorks	Registration No. (Attorney/Agent) 33,609  Date November 29, 2000						

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FEE	TRA	N	SM	ITT	AL
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Patent fees are subject to annual revision. Small Entity payments  $\underline{\textit{must}}$  be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

WARNING:

(\$) \$395.00

Complete if Known			
Application Number			
Filing Date	November 29, 2000		
First Named Inventor	Ricardo Guimaraes		
Examiner Name			
Group / Art Unit			
Attorney Docket No.	155615-0018		

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES							
indicated lees and credit any overpayments to:	Fee	Fee	Fee	II Entity Fee		Description		Fee Paid
Deposit Account 09-0946	105	e (\$) 130	205	e (\$) 65		·		
Number					Surcharge - late f	T .		
Deposit Account Irell & Manella LLP	127	50	227	25	cover sheet.	novisional IIII	ing lee of	
Name Irell & Mariella LLP	139	130	139	130	Non-English spec	ification		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	For filing a reques	st for reexam	ination	
	112	920*	112	920*	Requesting public Examiner action	cation of SIR	prior to	
2. Payment Enclosed: Check Money Other	113	1,840*	113	1,840*		cation of SIR	after	ì
FEE CALCULATION	115	110	215	55	Extension for repl	ly within first	month	·
	116	380	216	190	Extension for rep	ly within seco	and month	
1. BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extension for rep	ly within third	month	
Fee Fee Fee Fee Description	118	1,360	218	680	Extension for rep	ly within four	th month	
00de (4) 00de (4)	128	1,850	228	925	Extension for rep	ly within fifth	month	
101 690 201 345 Utility filing fee 355	119	300	219	150	Notice of Appeal			<del></del>
107 480 207 240 Plant filing fee	120	300	220	150	Filing a brief in su	• •	ppeal	
108 690 208 345 Reissue filing fee	121	260	221	130	Request for oral h	-		<u> </u>
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institut	•		<b></b>
	140	110	240	55	Petition to revive			<del></del>
SUBTOTAL (1) (\$) 355.00	141	1,210		605	Petition to revive		aı	
2. EXTRA CLAIM FEES Fee from		1,210		605	Utility issue fee (c	or reissue)		
Extra Claims below Fee Paid	143	430	243	215	Design issue fee Plant issue fee			
Total Claims 14 -20** = 0 X = 0	144	580	244	290	Petitions to the C	ommissioner		
Claims Claims	122	130	122	130				
Multiple Dependent = =	123	50	123 126	50 240	Petitions related t	•		
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126	240			Submission of Inf	formation Dis	closure Stmt	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each property (times n			40.00
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission (37 CFR § 1.129)		rejection	
102 78 202 39 Independent claims in excess of 3	149	690	249	345	For each addition	nal invention 1		
104 260 204 130 Multiple dependent claim, if not paid					examined (37 CF	R § 1.129(b)	)	L
109 78 209 39 ** Reissue independent claims over original patent	Other	fee (sp	ecify)					
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (sp	ecify)					
SUBTOTAL (2) (\$)	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00					.00		
SUBMITTED BY						Complete (if	applicable)	
Name (Print/Type) Ben J. Yorks		Registi (Attorne			33,609	Telephone	(949) 760	-0991
Signature Date November 29, 2000								

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